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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. PEARNE & GORDON LLP 1801 EAST 9TH STREET **SUITE 1200** CLEVELAND, OH 44114-3108 (Depositor's name) Susan K. Naughton 04/14/2006 MAHMED2 00000019 10666747 01 FC:1501 1400.00 OP (Date 02 FC:1504 300.00 DP APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/666,747 09/18/2003 Alberto Bertani 36132 TITLE OF INVENTION: ADJUSTABLE HANDLE WITH A CONTROL PUSH BUTTON INCORPORATING FAST MOUNTING AND REMOVAL MEANS APPLN. TYPE **SMALL ENTITY ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE NO nonprovisional \$1400 \$300 \$1700 04/13/2006 **EXAMINER** ART UNIT CLASS-SUBCLASS KYLE, MICHAEL J 3677 016-436000 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list Pearne & Gordon LLP (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Milano, Italy ELESA S.p.A. Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🔲 Corporation or other private group entity 🔘 Government 4a. The following tee(s) are enclosed: 4b. Payment of Fee(s) XX ssue Fee A check in the amount of the fee(s) is enclosed. Xxublication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 16-0820 (enclose an extra copy of this form). (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ■ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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